HIPAA Efforts To Maximize Resources

Many of us are faced with reductions in our HIPAA resources. Many entities need to adjust the scope of their efforts. A common topic is: What can we do to maximize our HIPAA resources? Some say nothing can be done but some feel options exist. The information below is based on a discussion in the December 17, Statewide HIPAA Workgroup Meeting and several other discussions.

The opinions noted below are potential ways departments may be able to do some HIPAA related tasks. Some noted they will be only able to plan for some future tasks when resources are re-established. Hopefully with good plans, we can minimize our project re-start times and prepare to do some tasks. Many may have issues finding knowledgeable staff and contractors needed to achieve compliance. The options below are a few of the ideas from a variety of sources:

A. One department is documenting their resources, establishing program and task priorities based on the OHI Assessment, preparing management decision documents of possible tasks to work on, prepare plans for work, review contingency plans, work with business partners, and work within their resources on the most critical tasks based on management direction.

B. Resources might be considered for redirection to HIPAA tasks. It was noted that many programs have already had significant reductions and this is not viable for many.

C. Exploit federal funding to enhance limited funds. Get the federal match for funds where available.

D. Consider grant opportunities, like Department of Commerce's Technology Opportunities Program.

E. Work with our county program and business partners in the private sector (Note: Entities can't be responsible for their business partners and their compliance).

F. Initiate steps to reduce liability when the rules are implemented.

G. Exploit draft policies, procedures and best practice documents that are on the HIPAA webpage.

H. Take steps to ensure that needed practices, like security, are in place at the right times for safeguarding information. Even though the final rules are pending, work needs to begin.

I. Purchases need to be made with the Security Rule in mind.

J. Work to establish an infrastructure with your business partners to move to a "One Stop Shopping" concept for interfaces, file passing, security and testing.

K. Work to establish policies and procedures in the programs. Some of these may be worked on the following year so it may be an opportune time to consider HIPAA's implications. This is especially true as we work with our business partners.

L. Initiate planning and awareness efforts with your business partners.

M. Monitor local, state, other state and national efforts to address issues common to your program. You may be able to use something developed elsewhere.

N. Consider a consolidation of resources between the state, counties and business partners. Put our scarce resources together may be enough to address some issues.

O. Prepare draft documents to hire staff and contractors when resources become available. This will help get resources as quickly as possible.

P. Document business process flows for future HIPAA analysis efforts.

Q. Document what your business partner interfaces and interactions are.

R. Entities need to appoint key staff and initiate plans and first steps as resources allow:

1. Appoint a Privacy Officer, Security Officer, HIPAA Project Leader, and other key staff. Establish their roles and responsibilities. Resolve issues of whether similar staff or skills are needed at remote sites, in facilities and in impacted programs (like Information Technology).

2. Establish main tasks to do under HIPAA, existing non-HIPAA requirements and current business practices.

3. Consider issues and differences between HIPAA and current business practices. Issues may include: access to data for research, ability to get data from / to business partners, new contracts and agreements needed with business partners, etc.

4. Get training on related topics.

5. Work to establish any required certifications.

6. Investigate state and HIPAA requirements for your entity.

7. Investigate industry best practices.

8. Evaluate implications of failure to meet requirements.

9. Establish a plan for the tasks.

10. Plan for training needed and take steps to train as resources are available.

11. Plan for any base line and ongoing audits required.

12. Initiate awareness efforts.

13. Initiate training as possible.

14. Recommend areas to be addressed to minimize liabilities.

15. Raise management awareness of issues and resources needed (BCP's, FSR's, etc.).

16. Work with business partners to address issues.

17. Monitor related legislation – federal and state.

18. Investigate related codes and regulations for potential changes.

19. Recommend purchases to meet future requirements or to position entity so they may more easily meet the requirements.

20. Consider processes and procedures for early benefits, like reducing the potential for fraud or minimizing liabilities.

21. Consider certification and accreditation processes needed for the entity.

22. Participate in statewide and agency workgroups.

23. Investigate and create draft standards, policies and procedures documents to be adopted later.

24. Investigate, prepare and conduct, as resources are available:
gap analyzes,
risk assessments,
contingency plans,
short - long-range project plans, and
issues resolutions.